FISCAL NOTE

HB 2298 - SB 2292

March 14, 2007

SUMMARY OF BILL: Requires hospitals to develop programs for qualified self-pay patients who are eligible based on family income for discounts determined by each facility which includes a discount that restricts charges to no more than 120 percent of the applicable Medicare rates for household incomes below 300% of the federal poverty guidelines.

ESTIMATED FISCAL IMPACT:

Other Fiscal Impact – Could lead to an increase in hospital rates to cover the loss of revenues from the discounted prices offered to self-pay patients which could result in an increase in expenditures for the state and local govt. health insurance plans and an increase to the TennCare program MCOs reimbursement to hospitals.

Potential Impact on Health Insurance Premiums (required by Tenn. Code Ann. § 3-2-111): Any increase in hospital rates will result in an increase in health insurance premiums which cannot be determined.

Assumptions:

- Many of the individuals who would be qualified to participate in this program are not paying full charges at present, if any payment for services is made at all.
- This bill does not require a payment plan for services not covered by Medicare, Medicaid, or worker's comp.
- Patients that do not provide income information or own assets exceeding 50% of the billed charges are not eligible.
- Most hospitals currently refer individuals with no insurance to the Department of Human Services to file an application for Medicaid/TennCare benefits.
- This bill prohibits hospitals from foreclosing on homestead property that is owned by a qualified self-pay patient and from seeking a court order to force payment of hospital bills for medical services provided to qualified self-pay patients.

CERTIFICATION:

This is to duly certify that the information contained herein is true and correct to the best of my knowledge.

James W. White, Executive Director